

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>4/29/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	<i>9/5</i>
FORMALITY REVIEW	<i>NH</i>	<i>657</i>	<i>10-02-00</i>
RESPONSE FORMALITY REVIEW	<i>NS</i>	<i>71480</i>	<i>3-6-01</i>

09/644793

# INDEX OF CLAIMS

✓ ..... Rejected  
 - ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

368/10

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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